

APPENDIX C

STATEMENT OF QUALIFICATIONS

REQUIRED FORMS

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Part I – Statement of Qualifications Checklist

Proposer/Agency Legal Name

Core Service Category: _____
(Enter Only One Core Service Category)

Supervisorial District: _____
(Enter Only One Supervisorial District)

	Required Forms to be Completed	Page
Exhibit 1	Proposer's Organization Questionnaire/Affidavit and CBE Information	___ to ___
Exhibit 2	Proposer's Description of Current Operations	___ to ___
Exhibit 3	Proposer's Plan to Provide Core Services	___ to ___
Exhibit 4	Proposer's References	___ to ___
Exhibit 5	Proposer's List of Contracts	___ to ___
Exhibit 6	Proposer's List of Terminated Contracts	___ to ___
	Required Forms to be Submitted by Proposer	
Attachment 1	Copy of Minutes of Proposer's governing body meeting or Resolution Granting Authority to Submit the Statement of Qualifications and Execute the Master Agreement to the Person Signing	___ to ___
Attachment 2	Proof of Insurance or Insurability	___ to ___
Attachment 3	Applicable Licenses Held by Proposer	___ to ___

Part II – Statement of Qualifications Checklist

Proposer/Agency Legal Name

	Required Forms to be Completed	Page
Exhibit 7	Signature Page of Master Agreement	___ to ___
Exhibit 8	Certification of No Conflict of Interest	___ to ___
Exhibit 9	Proposer’s EEO Certification	___ to ___
Exhibit 10	Familiarity with the County Lobbyist Ordinance Certification	___ to ___
Exhibit 11	Attestation of Willingness to Consider GAIN/GROW Participants	___ to ___
Exhibit 12	County of Los Angeles Contractor Employee Jury Service Program Certification Form and Application for Exception	___ to ___
Exhibit 13	Charitable Contributions Certification	___ to ___
Exhibit 14	Certification of Compliance with the County’s Defaulted Property Tax Reduction Program	___ to ___
Exhibit 15	Zero Tolerance Policy of Human Trafficking Certification	___ to ___
Exhibit 16	Compliance with Fair Chance Employment Hiring Practices Certification	___ to ___
Exhibit 17	Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion-Lower Tiered Covered Transactions (45 C.F.R Part 76)	___ to ___
Required Forms to be Submitted by Proposer		
Attachment 4	Articles of Incorporation as Filed with Secretary of State*	___ to ___
Attachment 5	Certificate of Good Standing with State of California or State of Incorporation*	___ to ___
Attachment 6	Conformed copy of the most recent Statement of Information as filed with the California Secretary of State listing corporate officers or members and managers*	___ to ___
Attachment 7	IRS Letter Giving Tax Exempt Status*	___ to ___
Attachment 8	Copy of Most Recent Filing Under Registry of Charitable Trusts*	___ to ___
Attachment 9	Copies of three most current fiscal years Financial Statements	___ to ___
Attachment 10	Pending Litigation and Judgments If not applicable, Proposer shall include a statement on Attachment 10 indicating “No Pending Litigation and Judgements	___ to ___
Attachment 11	Unique Entity Identified	___ to ___
Note:	*Not required for public entities	

**EXHIBIT 1
PROPOSER'S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT AND CBE INFORMATION**

Please complete, sign and date this form. The person signing the form must be authorized to sign on behalf of the Proposer and to bind the applicant in a Master Agreement.

1. Is your firm a corporation or limited liability company (LLC)? **Yes** **No**

If yes, complete:

Legal Name (found in Articles of Incorporation) _____

State _____ Year Inc. _____

Non-Profit Corporation

Public Entity

2. If your firm is a limited partnership or a sole proprietorship, state the name of the proprietor or managing partner:

3. A. Check the Core Service Category for this Statement of Qualifications (**select only one Category**)

Child & Family Development Services

Domestic Violence Services

Emergency Services

Employment Services

Legal Services

Senior & Disabled Adult Services

B. Check the Supervisorial District to be served (**Select only one District**)

First

Second

Third

Fourth

Fifth

4. Is your firm doing business under one or more DBA's? **Yes** **No**

If yes, complete:

Name

County of Registration

Year became DBA

5. Is your firm wholly/majority owned by, or a subsidiary of another firm? **Yes** **No**

If yes, complete:

Name of parent firm: _____

State of incorporation or registration of parent firm: _____

6. Has your firm done business as other names within last five (5) years? Yes No

If yes, complete:

Name _____ Year of Name Change: _____

Name _____ Year of Name Change: _____

7. Is your firm involved in any pending acquisition or mergers, including the associated company name? Yes No If yes, provide information:

Proposer acknowledges and certifies that firm meets and will comply with all of the Minimum Qualifications stated in *Section 1.4 – Proposer’s Minimum Qualifications*, of this RFSQ as listed below.

1. Proposer is a non-profit corporation qualified to do business in the State of California (this includes faith-based organizations or public entities);
2. Proposer has, by the Statement of Qualifications submission date, a minimum of three (3) years’ experience within the last five (5) years providing the same or similar services as the selected Core Service Category;
3. Proposer’s Contract Manager must have, by the Statement of Qualifications submission date, two (2) years’ experience within the last five (5) years providing the same or similar services as the selected Core Service Category;
4. Proposer has, by the Statement of Qualifications submission date, two (2) years’ experience within the last five (5) years providing health and/or human services in the designated Supervisorial District;
5. Proposer has two (2) years’ experience within the last five (5) years providing services to low-income individuals/families;
6. Proposer provided up to ten (10), but no less than eights (8) references that are familiar with the job performance and scope of work completed by the Proposer within the last five (5) years in the selected Core Service Category. Proposer has provided at least one public entity reference.
7. Proposer has the financial capacity to provide services throughout the term of the Master Agreement;
8. Proposer has designated the Core Service Category and Supervisorial District to be served;
9. Proposer completed and submitted all required Statement of Qualifications Exhibits and Attachments in the proper format as specified in Subsection 4.7 and 4.8;
10. Proposer has no record of unsatisfactory performance, lack of integrity or poor business ethics;
11. Proposer has registered on the County’s WebVen and provided their registration number; and
12. Proposer does not have unresolved questioned cost, as identified by the Auditor-Controller, in an amount over \$100,000.00, that are confirmed to be disallowed costs by the contracting County department, and remain unpaid for a period of six (6) months or more from the date of disallowance, unless such disallowed costs are the subject of current good faith negotiations to resolve the disallowed costs, in the opinion of the County.

EXHIBIT 1

PROPOSERS ORGANIZATION QUESTIONNAIRE/AFFIDAVIT AND CBE INFORMATION

I. **FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/proposer will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> Other (Specify) _____						
Total Number of Employees (including owners):						
Race/Ethnic Composition of Firm. Distribute the above total number of individuals into the following categories:						
Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino						
Asian or Pacific Islander						
American Indian						
Filipino						
White						

II. **PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	%
Women	%	%	%	%	%	%

III. **CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Other

Proposer further acknowledges that if any false, misleading, incomplete, or deceptively unresponsive statements in connection with this Statement of Qualifications are made, the Statement of Qualifications may be rejected. The evaluation and determination in this area shall be at the Director's sole judgment and his/her judgment shall be final.

DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.

PROPOSER'S NAME:		COUNTY WEBVEN NUMBER:	
ADDRESS:			
PHONE NUMBER:		E-MAIL:	
INTERNAL REVENUE SERVICE EMPLOYER IDENTIFICATION NUMBER:		CALIFORNIA BUSINESS LICENSE NUMBER:	
PROPOSER OFFICIAL NAME AND TITLE (PRINT):			
SIGNATURE		DATE	

EXHIBIT 2 - PROPOSER'S DESCRIPTION OF CURRENT OPERATIONS

PROPOSER'S LEGAL NAME

Core Service Category: _____ **Supervisory District:** _____

The items below pertain to the Proposer's current operations in the Supervisory District for which it is applying. Please attach additional pages if more space is needed, but do not exceed the page limit specified in RFSQ Subsection 4.7.1. Make sure to include Proposer's name, Exhibit and Question number on all pages.

1. Provide a detailed description of the geographic region and community served, including the cities that your agency serves in the Supervisory District for which it is applying.

EXHIBIT 2 - PROPOSER'S DESCRIPTION OF CURRENT OPERATIONS (CONTINUED)

PROPOSER'S LEGAL NAME

Core Service Category: _____ **Supervisorial District:** _____

The items below pertain to the Proposer's current operations in the Supervisorial District for which it is applying. Please attach additional pages if more space is needed, but do not exceed the page limit specified in RFSQ Subsection 4.7.1. Make sure to include Proposer's name, Exhibit and Question number on all pages.

2. Provide a demographic description of the population served by the Proposer, including, but not limited to: ethnicity; languages spoken; economic status; and barriers and challenges faced by the population served.

EXHIBIT 2 - PROPOSER'S DESCRIPTION OF CURRENT OPERATIONS (CONTINUED)

PROPOSER'S LEGAL NAME

Core Service Category: _____ **Supervisorial District:** _____

The items below pertain to the Proposer's current operations in the Supervisorial District for which it is applying. Please attach additional pages if more space is needed, but do not exceed the page limit specified in RFSQ Subsection 4.7.1. Make sure to include Proposer's name, Exhibit and Question number on all pages.

3. Provide the Proposer's mission and a detailed description of the services **currently** provided by the Proposer in the Supervisorial District for which it is applying.

EXHIBIT 2 - PROPOSER'S DESCRIPTION OF CURRENT OPERATIONS (CONTINUED)

PROPOSER'S LEGAL NAME

Core Service Category: _____ **Supervisory District:** _____

The items below pertain to the Proposer's current operations in the Supervisory District for which it is applying. Please attach additional pages if more space is needed, but do not exceed the page limit specified in RFSQ Subsection 4.7.1. Make sure to include Proposer's name, Exhibit and Question number on all pages.

4. Provide a detailed description of the services provided by the Proposer **during the last five years** that are the same or similar to the designated Core Service Category and subservices, if applicable. Provide relevant background information such as specific dates to demonstrate the Proposer has the required experience.

EXHIBIT 2 - PROPOSER'S DESCRIPTION OF CURRENT OPERATIONS (CONTINUED)

PROPOSER'S LEGAL NAME

Core Service Category: _____ **Supervisorial District:** _____

The items below pertain to the Proposer's current operations in the Supervisorial District for which it is applying. Please attach additional pages if more space is needed, but do not exceed the page limit specified in RFSQ Subsection 4.7.1. Make sure to include Proposer's name, Exhibit and Question number on all pages.

5. If the selected Core Service Category is: 1) Domestic Violence, 2) Employment Services, or 3) Legal Services, please explain how Proposer meets the Category-Specific minimum requirements. If necessary, include documentation that demonstrates the Proposers qualifications. **Note:** Additional documentation will not be counted in the page limit criteria.

EXHIBIT 2 - PROPOSER'S DESCRIPTION OF CURRENT OPERATIONS (CONTINUED)

PROPOSER'S LEGAL NAME

Core Service Category: _____ **Supervisory District:** _____

The items below pertain to the Proposer's current operations in the Supervisory District for which it is applying. Please attach additional pages if more space is needed, but do not exceed the page limit specified in RFSQ Subsection 4.7.1. Make sure to include Proposer's name, Exhibit and Question number on all pages.

6. Provide a detailed description of the Proposer's experience in working with low-income families and individuals.

EXHIBIT 2 - PROPOSER'S DESCRIPTION OF CURRENT OPERATIONS (CONTINUED)

PROPOSER'S LEGAL NAME

Core Service Category: _____ **Supervisorial District:** _____

The items below pertain to the Proposer's current operations in the Supervisorial District for which it is applying. Please attach additional pages if more space is needed, but do not exceed the page limit specified in RFSQ Subsection 4.7.1. Make sure to include Proposer's name, Exhibit and Question number on all pages.

1. Provide a detailed description of the Proposer's experience providing health and/or human services in the selected Supervisorial District.

EXHIBIT 3 - PROPOSER'S PLAN TO PROVIDE CORE SERVICES

PROPOSER'S LEGAL NAME

Core Service Category: _____ **Supervisorial District:** _____

The items below pertain to the Proposer's plan to provide CSBG Services in the Supervisorial District for which it is applying. Please attach additional pages if more space is needed, but do not exceed the page limit specified in RFSQ Subsection 4.7.1. Make sure to include Proposer's name, Exhibit and question number on all pages.

1. Key Staff – Provide Names, years of relevant experience and education, for Proposer's staff that meet the minimum qualifications.

EXHIBIT 3 - PROPOSER'S PLAN TO PROVIDE CORE SERVICES (CONTINUED)

PROPOSER'S LEGAL NAME

Core Service Category: _____ **Supervisory District:** _____

The items below pertain to the Proposer's plan to provide CSBG Services in the Supervisory District for which it is applying. Please attach additional pages if more space is needed, but do not exceed the page limit specified in RFSQ Subsection 4.7.1. Make sure to include Proposer's name, Exhibit and question number on all pages.

2. Provide a detailed explanation of how the Proposer plans to provide services in the selected Core Service Category and selected Supervisory District where services will be provided.

EXHIBIT 3 - PROPOSER'S PLAN TO PROVIDE CORE SERVICES (CONTINUED)

PROPOSER'S LEGAL NAME

Core Service Category: _____ **Supervisorial District:** _____

The items below pertain to the Proposer's plan to provide CSBG Services in the Supervisorial District for which it is applying. Please attach additional pages if more space is needed, but do not exceed the page limit specified in RFSQ Subsection 4.7.1. Make sure to include Proposer's name, Exhibit and question number on all pages.

3. List the subservice(s) for the selected Core Service Category in Part A below, and in Part B describe how the Proposer plans to provide the subservices.

Part A:

List Subservices:

Part B:

Describe how Proposer plans to provide each of the subservices listed in Part A:

EXHIBIT 3 - PROPOSER'S PLAN TO PROVIDE CORE SERVICES (CONTINUED)

PROPOSER'S LEGAL NAME

Core Service Category: _____ **Supervisorial District:** _____

The items below pertain to the Proposer's plan to provide CSBG Services in the Supervisorial District for which it is applying. Please attach additional pages if more space is needed, but do not exceed the page limit specified in RFSQ Subsection 4.7.1. Make sure to include Proposer's name, Exhibit and question number on all pages.

4. Describe the approach that will be used to identify and outreach to potential CSBG participants.

EXHIBIT 3 - PROPOSER'S PLAN TO PROVIDE CORE SERVICES (CONTINUED)

PROPOSER'S LEGAL NAME

Core Service Category: _____ **Supervisory District:** _____

The items below pertain to the Proposer's plan to provide CSBG Services in the Supervisory District for which it is applying. Please attach additional pages if more space is needed, but do not exceed the page limit specified in RFSQ Subsection 4.7.1. Make sure to include Proposer's name, Exhibit and question number on all pages.

- 5 Describe the Proposer's record keeping system, and how it will maintain confidentiality of participant information.

EXHIBIT 3 - PROPOSER'S PLAN TO PROVIDE CORE SERVICES (CONTINUED)

PROPOSER'S LEGAL NAME

Core Service Category: _____ **Supervisorial District:** _____

The items below pertain to the Proposer's plan to provide CSBG Services in the Supervisorial District for which it is applying. Please attach additional pages if more space is needed, but do not exceed the page limit specified in RFSQ Subsection 4.7.1. Make sure to include Proposer's name, Exhibit and question number on all pages.

6. Explain the proposers quality control procedures and how the Proposer will ensure high quality services will be provided.

EXHIBIT 4 - PROPOSER'S REFERENCES

Proposer's Legal Name: _____

List up to ten (10), but not less than eight (8) references. References should be from organizations familiar with the Proposer's operations and where the same or similar scope of services were provided in order to verify that the Proposer meets the Minimum Qualifications. At least one reference should be from a public agency.

1. Name of Firm/Individual	Address	Contact Person	Telephone # ()	Fax # ()
Relationship	# of Years			
2. Name of Firm/Individual	Address	Contact Person	Telephone # ()	Fax # ()
Relationship	# of Years			
3. Name of Firm/Individual	Address	Contact Person	Telephone # ()	Fax # ()
Relationship	# of Years			
4. Name of Firm/Individual	Address	Contact Person	Telephone # ()	Fax # ()
Relationship	# of Years			
5. Name of Firm/Individual	Address	Contact Person	Telephone # ()	Fax # ()
Relationship	# of Years			

EXHIBIT 4 - PROPOSER'S REFERENCES (CONTINUED)

Proposer's Legal Name: _____

List up to ten (10), but not less than eight (8) references. References should be from organizations familiar with the Proposer's operations and where the same or similar scope of services were provided in order to verify that the Proposer meets the Minimum Qualifications. At least one reference should be from a public agency.

6. Name of Firm/Individual	Address	Contact Person	Telephone # ()	Fax # ()
Relationship	# of Years			
7. Name of Firm/Individual	Address	Contact Person	Telephone # ()	Fax # ()
Relationship	# of Years			
8. Name of Firm/Individual	Address	Contact Person	Telephone # ()	Fax # ()
Relationship	# of Years			
9. Name of Firm/Individual	Address	Contact Person	Telephone # ()	Fax # ()
Relationship	# of Years			
10. Name of Firm/Individual	Address	Contact Person	Telephone # ()	Fax # ()
Relationship	# of Years			

EXHIBIT 5 - PROPOSER'S LIST OF CONTRACTS

Proposer's Legal Name: _____

List of all contracts involving the Proposer's selected Core Service for the last five (5) years. The list must include all contracts with public or government entities. A photocopy of this form may be used if necessary.

1. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.	# of Years / Term of Contract	Type of Service	Dollar Amt.	
2. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.	# of Years / Term of Contract	Type of Service	Dollar Amt.	
3. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.	# of Years / Term of Contract	Type of Service	Dollar Amt.	
4. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.	# of Years / Term of Contract	Type of Service	Dollar Amt.	
5. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.	# of Years / Term of Contract	Type of Service	Dollar Amt.	

EXHIBIT 6 - PROPOSER'S LIST OF TERMINATED CONTRACTS

Proposer's Legal Name: _____

List all contracts that have been terminated within the past ten (10) years (if any). Be sure to include the reason for termination. Do not include contracts that expired.

1. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.	Reason for Termination:			
2. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.	Reason for Termination:			
3. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.	Reason for Termination:			
4. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.	Reason for Termination:			
5. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.	Reason for Termination:			

EXHIBIT 7

**SIGNATURE PAGE OF MASTER AGREEMENT FOR
COMMUNITY SERVICES BLOCK GRANT (CSBG) PROGRAM**

IN WITNESS WHEREOF, the Board of Supervisors of the County of Los Angeles has caused this Master Agreement to be executed on its behalf by the Director of the Department of Public Social Services and approved by County Counsel, and Contractor has caused this Master Agreement to be executed in its behalf by its duly authorized officer, this __day of _____, 20__. The persons signing on behalf of the Contractor warrant under penalty or perjury that he or she is authorized to bind Contractor.

COUNTY OF LOS ANGELES

By: _____
Antonia Jiménez, Director
Department of Public Social Services

Date: _____

By _____
Contractor

Signature: _____

Printed Name: _____

Title: _____

APPROVED AS TO FORM:

MARY C. WICKHAM
County Counsel

By _____
Deputy County Counsel

EXHIBIT 8

CERTIFICATION OF NO CONFLICT OF INTEREST

The Los Angeles County Code, Section 2.180.010, provides as follows:

CONTRACTS PROHIBITED

Notwithstanding any other section of this Code, the County shall not contract with, and shall reject any proposals submitted by, the persons or entities specified below, unless the Board of Supervisors finds that special circumstances exist which justify the approval of such contract:

1. Employees of the County or of public agencies for which the Board of Supervisors is the governing body;
2. Profit-making firms or businesses in which employees described in number 1 serve as officers, principals, partners, or major shareholders;
3. Persons who, within the immediately preceding 12 months, came within the provisions of number 1, and who:
 - a. Were employed in positions of substantial responsibility in the area of service to be performed by the contract; or
 - b. Participated in any way in developing the contract or its service specifications; and
4. Profit-making firms or businesses in which the former employees, described in number 3, serve as officers, principals, partners, or major shareholders.

Contracts submitted to the Board of Supervisors for approval or ratification shall be accompanied by an assurance by the submitting department, district or agency that the provisions of this section have not been violated.

Proposer Name

Proposer Official Title

Official's Signature

EXHIBIT 9

PROPOSER'S EEO CERTIFICATION

Proposer's Name

Address

Internal Revenue Service Employer Identification Number

GENERAL

In accordance with provisions of the County Code of the County of Los Angeles, the Proposer certifies and agrees that all persons employed by such firm, its affiliates, subsidiaries, or holding companies are and will be treated equally by the firm without regard to or because of race, religion, ancestry, national origin, or sex and in compliance with all anti-discrimination laws of the United States of America and the State of California.

CERTIFICATION	YES	NO
1. Proposer has written policy statement prohibiting discrimination in all phases of employment.	()	()
2. Proposer periodically conducts a self-analysis or utilization analysis of its work force.	()	()
3. Proposer has a system for determining if its employment practices are discriminatory against protected groups.	()	()
4. When areas are identified in employment practices, Proposer has a system for taking reasonable corrective action to include establishment of goal and/or timetables.	()	()

Signature

Date

Name and Title of Signer (please print)

EXHIBIT 10
FAMILIARITY WITH THE COUNTY
LOBBYIST ORDINANCE CERTIFICATION

The Proposer certifies that:

- 1) It is familiar with the terms of the County of Los Angeles Lobbyist Ordinance, Los Angeles Code Chapter 2.160;
- 2) That all persons acting on behalf of the organization have and will comply with it during the proposal process; and
- 3) It is not on the County's Executive Office's List of Terminated Registered Lobbyists.

Proposer's Name: _____

Signature: _____ Date: _____

Name and Title of Signer (please print)

EXHIBIT 11

**ATTESTATION OF WILLINGNESS TO CONSIDER
GAIN/GROW PARTICIPANTS**

As a threshold requirement for consideration for Master Agreement award, Proposer shall demonstrate a proven record for hiring GAIN/GROW participants or shall attest to a willingness to consider GAIN/GROW participants for any future employment opening if they meet the minimum qualifications for that opening. Additionally, Proposer shall attest to a willingness to provide employed GAIN/GROW participants access to the Proposer's employee mentoring program, if available, to assist these individuals in obtaining permanent employment and/or promotional opportunities.

To report all job openings with job requirements to obtain qualified GAIN/GROW participants as potential employment candidates, Contractor shall email: GAINGROW@DPSS.LACOUNTY.GOV and BSERVICES@WDACS.LACOUNTY.GOV.

Proposers unable to meet this requirement shall not be considered for Master Agreement award.

Proposer shall complete all of the following information, sign where indicated below, and return this form with any resumes and/or fixed price bid being submitted:

A. Proposer has a proven record of hiring GAIN/GROW participants.

_____YES (subject to verification by County)_____NO

B. Proposer is willing to provide DPSS with all job openings and job requirements to consider GAIN/GROW participants for any future employment openings if the GAIN/GROW participant meets the minimum qualifications for the opening. "Consider" means that Proposer is willing to interview qualified GAIN/GROW participants.

_____YES _____NO

C. Proposer is willing to provide employed GAIN/GROW participants access to its employee-mentoring program, if available.

_____YES _____NO _____N/A (Program not available)

Proposer Organization: _____

Signature: _____

Print Name: _____

Title: _____ Date: _____

Telephone No.: _____ Fax No.: _____

**EXHIBIT 12
COUNTY OF LOS ANGELES CONTRACTOR EMPLOYEE JURY SERVICE PROGRAM
CERTIFICATION FORM AND APPLICATION FOR EXCEPTION**

The County's solicitation for this Request for Statement of Qualifications is subject to the County of Los Angeles Contractor Employee Jury Service Program (Program), Los Angeles County Code, Chapter 2.203. All Proposers, whether a contractor or subcontractor, must complete this form to either certify compliance or request an exception from the Program requirements. Upon review of the submitted form, the County department will determine, in its sole discretion, whether the Proposer is given an exemption from the Program.

Company Name:		
Company Address:		
City:	State:	Zip Code:
Telephone Number:		
Solicitation For _____ Services:		

If you believe the Jury Service Program does not apply to your business, check the appropriate box in Part I (attach documentation to support your claim); or, complete Part II to certify compliance with the Program. Whether you complete Part I or Part II, please sign and date this form below.

Part I: Jury Service Program is Not Applicable to My Business

- My business does not meet the definition of "contractor," as defined in the Program, as it has not received an aggregate sum of \$50,000 or more in any 12-month period under one or more County contracts or subcontracts (this exception is not available if the contract itself will exceed \$50,000). I understand that the exception will be lost and I must comply with the Program if my revenues from the County exceed an aggregate sum of \$50,000 in any 12-month period.
- My business is a small business as defined in the Program. It 1) has ten or fewer employees; and, 2) has annual gross revenues in the preceding twelve months which, if added to the annual amount of this contract, are \$500,000 or less; and, 3) is not an affiliate or subsidiary of a business dominant in its field of operation, as defined below. I understand that the exception will be lost and I must comply with the Program if the number of employees in my business and my gross annual revenues exceed the above limits.

"Dominant in its field of operation" means having more than ten employees and annual gross revenues in the preceding twelve months, which, if added to the annual amount of the contract awarded, exceed \$500,000.

"Affiliate or subsidiary of a business dominant in its field of operation" means a business which is at least 20 percent owned by a business dominant in its field of operation, or by partners, officers, directors, majority stockholders, or their equivalent, of a business dominant in that field of operation.

- My business is subject to a Collective Bargaining Agreement (attach agreement) that expressly provides that it supersedes all provisions of the Program.

OR

Part II: Certification of Compliance

- My business has and adheres to a written policy that provides, on an annual basis, no less than five days of regular pay for actual jury service for full-time employees of the business who are also California residents, or my company will have and adhere to such a policy prior to award of the contract.

I declare under penalty of perjury under the laws of the State of California that the information stated above is true and correct.

Print Name:	Title:
Signature:	Date:

EXHIBIT 13
CHARITABLE CONTRIBUTIONS CERTIFICATION

Company Name

Address

Internal Revenue Service Employer Identification Number

California Registry of Charitable Trusts "CT" number (if applicable)

The Nonprofit Integrity Act (SB 1262, Chapter 919) added requirements to California's Supervision of Trustees and Fundraisers for Charitable Purposes Act which regulates those receiving and raising charitable contributions.

Check the Certification below that is applicable to your company.

- Proposer or Contractor has examined its activities and determined that it does not now receive or raise charitable contributions regulated under California's Supervision of Trustees and Fundraisers for Charitable Purposes Act. If Proposer engages in activities subjecting it to those laws during the term of a County contract, it will timely comply with them and provide County a copy of its initial registration with the California State Attorney General's Registry of Charitable Trusts when filed.

OR

- Proposer or Contractor is registered with the California Registry of Charitable Trusts under the CT number listed above and is in compliance with its registration and reporting requirements under California law. Attached is a copy of its most recent filing with the Registry of Charitable Trusts as required by Title 11 California Code of Regulations, sections 300-301 and Government Code sections 12585-12586.

Signature

Date

Name and Title of Signer (please print)

**EXHIBIT 14
CERTIFICATION OF COMPLIANCE WITH THE COUNTY'S
DEFAULTED PROPERTY TAX REDUCTION PROGRAM**

Company Name:		
Company Address:		
City:	State:	Zip Code:
Telephone Number:	Email address:	
Solicitation/Contract For _____ Services:		

The Proposer/Bidder/Contractor certifies that:

- It is familiar with the terms of the County of Los Angeles Defaulted Property Tax Reduction Program, Los Angeles County Code Chapter 2.206; **AND**

To the best of its knowledge, after a reasonable inquiry, the Proposer/Bidder/Contractor is not in default, as that term is defined in Los Angeles County Code Section 2.206.020.E, on any Los Angeles County property tax obligation; **AND**

The Proposer/Bidder/Contractor agrees to comply with the County's Defaulted Property Tax Reduction Program during the term of any awarded contract.

- OR -

- I am exempt from the County of Los Angeles Defaulted Property Tax Reduction Program, pursuant to Los Angeles County Code Section 2.206.060, for the following reason:

I declare under penalty of perjury under the laws of the State of California that the information stated above is true and correct.

Print Name:	Title:
Signature:	Date:

EXHIBIT 15

**ZERO TOLERANCE POLICY ON HUMAN TRAFFICKING
CERTIFICATION**

Company Name:		
Company Address:		
City:	State:	Zip Code:
Telephone Number:	Email address:	
Solicitation/Contract for _____ Services		

PROPOSER CERTIFICATION

Los Angeles County has taken significant steps to protect victims of human trafficking by establishing a zero-tolerance policy on human trafficking that prohibits contractors found to have engaged in human trafficking from receiving contract awards or performing services under a County contract.

Proposer acknowledges and certifies compliance with Section 8.53 (Compliance with County's Zero Tolerance Policy on Human Trafficking) of the proposed Master Agreement and agrees that proposer or a member of his staff performing work under the proposed Master Agreement will be in compliance. Proposer further acknowledges that noncompliance with the County's Zero Tolerance Policy on Human Trafficking may result in rejection of any proposal, or cancellation of any resultant Master Agreement, at the sole judgment of the County.

I declare under penalty of perjury under the laws of the State of California that the information herein is true and correct and that I am authorized to represent this company.

Print Name:	Title:
Signature:	Date:

EXHIBIT 16

COMPLIANCE WITH FAIR CHANCE EMPLOYMENT HIRING PRACTICES
CERTIFICATION

Company Name:		
Company Address:		
City:	State:	Zip Code:
Telephone Number:	Email address:	
Solicitation/Contract for _____ Services		

PROPOSER/CONTRACTOR CERTIFICATION

The Los Angeles County Board of Supervisors approved a Fair Chance Employment Policy in an effort to remove job barriers for individuals with criminal records. The policy requires businesses that contract with the County to comply with fair chance employment hiring practices set forth in California Government Code Section 12952, Employment Discrimination: Conviction History (California Government Code Section 12952), effective January 1, 2018.

Proposer/Contractor acknowledges and certifies compliance with fair chance employment hiring practices set forth in California Government Code Section 12952 and agrees that proposer/contractor and staff performing work under the Contract will be in compliance. Proposer/Contractor further acknowledges that noncompliance with fair chance employment practices set forth in California Government Code Section 12952 may result in rejection of any proposal, or termination of any resultant Master Agreement, at the sole judgment of the County.

I declare under penalty of perjury under the laws of the State of California that the information herein is true and correct and that I am authorized to represent this company.

Print Name:	Title:
Signature:	Date:

EXHIBIT 17

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION,
INELIGIBILITY AND VOLUNTARY EXCLUSION - LOWER TIERED
COVERED TRANSACTIONS (45 C.F.R. PART 76)**

Instructions for Certification Regarding Debarment, Suspension, Ineligibility and
Voluntary Exclusion -- Lower Tiered Covered Transactions (45 C.F.R. Part 76)

1. This certification is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that Proposer knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
2. Proposer shall provide immediate written notice to the person to whom this proposal is submitted if at any time Proposer learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
3. The terms “covered transaction,” “debarred,” “suspended,” “ineligible,” “lower tier covered transaction,” “Participant,” “person,” “primary covered transaction,” “principal,” “proposal,” and “voluntarily excluded,” as used in this certification, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
4. Proposer agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
5. Proposer further agrees by submitting this proposal that it will include the provision entitled Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion --Lower Tier Covered Transaction (45 C.F.R. Part 76),” as set forth in the text of the Sample Master Agreement attached to the Request for Statement of Qualifications, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
6. Proposer acknowledges that a participant in a covered transaction may rely upon a certification of a prospective Participant in a lower tier covered transaction that it is not proposed for debarment under 48 C.F.R. part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transaction, unless it knows that the certification is erroneous.

Proposer acknowledges that a Participant may decide the methods and frequency by which it determines the eligibility of its principals. Proposer acknowledges that each Participant may, but is not required to; check the List of Parties Excluded from Federal Procurement and Non-procurement Programs.

7. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the required certification. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
8. Expert for transactions authorized under paragraph 4 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
9. Where Proposer and/or its subcontractor/Subcontractor(s) is or are unable to certify to any of the statements in this Certification, Proposer shall attach a written explanation to its proposal in lieu of submitting this Certification. Proposer's written explanation shall describe the specific circumstances concerning the inability to certify. It further shall identify any owner, officer, partner, director, or other principal of the Proposer and/or subcontractor/Subcontractor who is currently suspended, debarred, ineligible, or excluded from securing federally funded contracts. The written explanation shall provide that person's or those persons' job description(s) and function(s) as they relate to the agreement which is being solicited by this Request for Statement of Qualifications.

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-- Lower Tier Covered transactions (45 C.F.R. Part 76)

Proposer hereby certifies that neither it nor any of its owners, officers, partners, directors, other principals or subcontractor/Subcontractors is currently debarred, suspended, proposed for debarment, declared ineligible or excluded from securing federally funded contracts by any federal department or agency.

Dated

Signature of Authorized Representative

Title of Authorized Representative

Printed Name of Authorized Representative